

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33213

1. PLACE OF DEATH

County Registration District No. *1032*
 Township Primary Registration District No. *008*
 City *St. Louis, Mo.* (No. *2932* *St. Dodier St.*) St. Ward *20*

File No.
 Registered No. **10120**
 St. Ward

2. FULL NAME *Herman Berghorn*

(a) Residence, No. *2932* *St. Dodier St.* St. *20* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 18 - 1852*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chair Maker*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 13. NAME *Wm. Berghorn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Sophia Schweder*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *William Berghorn*
 (ADDRESS) *2932 St. Dodier St.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St. Johns North* DATE *Oct 3* 19*31*

19. UNDERTAKER *Hy Leidner and Co*
 (ADDRESS) *1427 S. Market St.*

20. FILED *OCT - 1 1931* *Wm. C. Starnitz*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 30* 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *June 5* 19*31*, to *Sept 30* 19*31*
 I last saw him alive on *Sept 29* 19*31* Death is said to have occurred on the date stated above, at *4:20* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach about Jan 1 1931
(Peristalsis)

Other contributory causes of importance:

Anaemia

Name of operation *None* Date of

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Wm. L. Wilson* M. D.

(Address) *2728 N. 11.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

